



MORAVIAN HISTORICAL SOCIETY

EVENT REQUEST FORM

Requestor's Name: _____ Hours to be Reached: _____

Email Address: _____ Phone Number: _____

Secondary Contact: _____ Hours to be Reached: _____

Email Address: _____ Phone Number: _____

Requestor and/or Secondary contacts should be present at the event and will be the liaison with the Museum event staff.

Organization/Sponsor: _____ Co-Sponsor: _____

EVENT NAME: _____

(Name to be listed on Public Calendars)

EVENT DATE	START TIME	END TIME	TIME NEEDED FOR SET UP & CLEAN UP	ANTICIPATED ATTENDANCE

Museum event staff arrives 30 minutes before event begins and Museum doors open 15 minutes prior to event unless otherwise requested.

Event Type (✓all that apply): Reception Lecture Meeting Other _____

Nature of Event (Include Description & Topic to be Covered) _____

By attachment, if needed, please describe completely and include all pertinent information such as name of speaker(s), title of film/lecture, style of event, agenda, etc. This information will be used for press releases and other event marketing.

Will this event generate media coverage? Yes No

Is this a **Whitefield After Dark** event?
 No Yes

Event Admission: Free Charge: Amount \$ _____

Will VIPs be in attendance? No Yes Names: _____

Will refreshments be served? No Yes Who is serving? _____

Will beer and/or wine be served? No Yes

What other services will be needed? _____

To be completed by MHS Event Staff: Date Request Submitted: _____
Request Approved: Yes No Date: _____ Staff: _____
Rental Agreement Signed: Yes No Date: _____